

2000 NVAA Application Form

Five Concurrent Sites June 18-23, 2000

Select Preference (Indicate Numerical Order of Choices)

- _____ American University, Washington, D.C.
- _____ California State University-Fresno, Fresno, CA
- _____ Medical University of SC, Charleston, SC
- _____ Sam Houston State University, Huntsville, TX
- _____ Washburn University, Topeka, KS

Note: Please type Application Form

Name _____ Date _____

Organization _____

Work Address _____ Home Address _____

Work Phone () Fax () Home Phone () Email _____

Current Position _____ ☐ Paid ☐ Volunteer

Education/Degree(s) _____ Year _____ Major _____

If accepted, I am interested in receiving three units of academic credit for a fee of \$114 : ☐ Undergraduate ☐ Graduate

1. Select the ***jurisdiction*** and ***one category*** below that ***best*** describes the type of organization you represent:

Jurisdiction: ☐ Federal ☐ State ☐ Local ☐ International

Criminal Justice-based

- ☐ Police/Sheriff-based
- ☐ Prosecution-based
- ☐ Court-based
- ☐ Probation-based
- ☐ Corrections-based
- ☐ Parole-based
- ☐ Juvenile Justice-based

Community/Nonprofit-based

- ☐ All Victims
- ☐ Sexual Assault
- ☐ Domestic Violence
- ☐ Child Abuse
- ☐ Drunk Driving
- ☐ Homicide Support
- ☐ Missing/Exploited Children
- ☐ Elderly Victims

Additional Agencies

- ☐ Youth Services
- ☐ Native Americans
- ☐ Religious
- ☐ Hospital/Medical
- ☐ State VOCA Assistance Staff
- ☐ State Victim Compensation Staff
- ☐ Other _____

2. Please indicate the types of victims that you ***primarily*** serve below. (Check no more than ***three*** boxes.)

- | | | |
|--|---|--|
| <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Drunk Driving | <input type="checkbox"/> Native Americans |
| <input type="checkbox"/> Sexual Assault | <input type="checkbox"/> Assault/Robbery | <input type="checkbox"/> Property/Economic Crime/Fraud |
| <input type="checkbox"/> Child Abuse | <input type="checkbox"/> Elderly Victims | <input type="checkbox"/> Special Needs/Victims with Disabilities |
| <input type="checkbox"/> Survivors of Homicide Victims | <input type="checkbox"/> Missing/Exploited Children | <input type="checkbox"/> Other _____ |

3. Please indicate the types of services that you ***primarily*** provide for crime victims in your current position. (Check no more than ***five*** boxes.)

- | | | |
|--|---|--|
| <input type="checkbox"/> Crisis Intervention | <input type="checkbox"/> Criminal Justice System Advocacy | <input type="checkbox"/> Legal Advocacy |
| <input type="checkbox"/> 24-hour Hotline | <input type="checkbox"/> Court Accompaniment | <input type="checkbox"/> Information/Referral |
| <input type="checkbox"/> Emergency Medical | <input type="checkbox"/> Restitution Assistance | <input type="checkbox"/> Training and Technical Assistance |
| <input type="checkbox"/> Shelter | <input type="checkbox"/> Notification | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Short-term Counseling | <input type="checkbox"/> Victim Impact Statement Assistance | <input type="checkbox"/> Child Care |
| <input type="checkbox"/> Long-term Counseling | <input type="checkbox"/> Compensation Claim Assistance | <input type="checkbox"/> Other _____ |

4. Please briefly summarize your current and previous experience assisting crime victims and other relevant employment in the last five years. Provide position, responsibilities, and dates of service in chronological order.

| | | | |
|---|--------------|-------|-----|
| # | Position | From: | To: |
| | Organization | | |

| | | | |
|---|--------------|-------|-----|
| # | Position | From: | To: |
| | Organization | | |

| | | | |
|---|--------------|-------|-----|
| # | Position | From: | To: |
| | Organization | | |

5. Please **briefly** state why you want to attend the National Victim Assistance Academy and how your participation will be of benefit to you (professionally and personally), your organization, and your community. Please include any additional, **brief** information that you believe is important for the applicant selection committee to consider.

6. By signing below, please signify your commitment to attend the full 40-hour course and make all travel arrangements accordingly.

Name (typed):

Date: _____

7. Please mail **two (2) copies of your completed application form, with signed commitment, two (2) written letters of recommendation, and a stamped, self-addressed envelope to:**

VALOR

Victims' Assistance Legal Organization, Inc.
8180 Greensboro Drive, Suite 1070
McLean, Virginia 22102-3823

Telephone: (703) 748-0811
Toll Free: (877) 748-NVAA
Websites: www.nvaa.org
www.valor-national.org

Your application package must be received **no later than March 10, 2000**. Fax copies will not be considered.

***The National Victim Assistance Academy warmly welcomes international applicants.
Please note, however, that all Academy sessions will be conducted in English.***